



TAMPA BAY HARBOR SAFETY COMMITTEE

Vessel Movement Impact Sheet

The Tampa Bay Harbor Safety Committee requests the following information for use by the Traffic Control Board. This sheet should be filled out when an operator/agent/owner of a vessel feels they have been unduly delayed by the movement of another vessel on the waters of Tampa Bay. Supporting documentation may be requested. Please submit this form or the equivalent information to Tampa Port Authority Operations, **Fax Number (813) 905-5048 or (813) 905-5045 voice.** Reports may also be made via **VHF channel 12 to "Tampa Traffic".** Email to: **tampavtis@tampaport.com**

Name of Vessel Affected	Call Sign	Vessel ID Number	Flag	
		<input type="radio"/> IMO <input type="radio"/> Lloyds <input type="radio"/> Official No.		
Point of Contact / Agent / Submitter	Phone Number	Fax Number		
Name of Vessel Affecting You	Call Sign	Vessel ID Number	Operator	Country of Registry
Did you or your vessel representative submit Notice of Movement on Tampa Bay to Port Authority?		<input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> No		
Specifics of Conflict. Please be as accurate as possible.				
My Vessel Was... (Check One)	My Vessel Was Delayed.... (Check One)	<u>Scheduled</u> Start/Finish Time (Check One)	<u>Actual</u> Start/Finish Time (Check One)	
<input type="checkbox"/> Inbound <input type="checkbox"/> Outbound <input type="checkbox"/> Shifting	<input type="radio"/> Prior to getting underway or entering <input type="radio"/> After beginning transit	<input type="radio"/> At Sea Buoy_____(time) <input type="radio"/> From Berth _____(time)	<input type="radio"/> At Sea Buoy_____(time) <input type="radio"/> From Berth _____(time)	
Please explain the delay incurred by your vessel. If delayed after beginning transit, explain delay, i.e. had to slow transit time; had to wait in passing area, etc.			Total Delay= _____HRS	